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ABSTRACT

A group of 12 federally funded community mental health centers which make effective use of paraprofessionals is described. The purpose is to make mental health policy makers and service agency staff members aware of the wide range of innovative service models in existence in which paraprofessionals play diverse and crucial roles. A case study for each of the 12 centers briefly describes its program, services, organization, staff, training and supervision system, as well as the specific duties carried out by paraprofessional personnel. In addition to informing policy makers about effective use of paraprofessionals, this publication is designed to provoke interest in the longer report from which it was condensed. This report, "Paraprofessionals in Mental Health: Twelve Effective Programs," also contains information about how case sites were selected, a resource section, an appendix on supervision, and a concluding chapter highlighting the similarities of successful programs. (Author/BP)

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Case Study Summaries of Twelve Paraprofessional Programs in Mental Health

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Most of all we would like to acknowledge our great debt to the mental health programs whose work is being reported in this volume. Without exception the program staff members made us feel welcome, and answered our interminable questions cheerfully and openly. It is our hope that these case studies convey the enthusiasm that we found during our visits, and effectively document the high quality of services that are being provided.

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INTRODUCTION

This booklet summarizes information which is presented in greater detail in a full-scale report entitled **Paraprofessionals in Mental Health: Twelve Effective Programs**. This volume was developed by the Social Action Research Center with funds provided by the Paraprofessional Manpower Branch of the National Institute of Mental Health (Vernon James, Chief).*

Paraprofessionals have long been an essential personnel resource in the provision of mental health services. However, some mental health policy makers and service agency staff members are unaware of innovative service models in which paraprofessionals play crucial roles. These persons may also be unaware of the wide range of tasks in which paraprofessional staff members have been successfully employed. To help remedy this situation, we selected for detailed study one program in each of the 12 areas in which federally funded community mental health centers are required to provide services. These programs are described in detail in our full-scale report, with special attention given to the functions and effectiveness of the paraprofessional staff members. This larger report also describes how case study sites were selected, and contains a resource section listing other programs and relevant literature, an appendix on supervision, and a concluding chapter that highlights the similarities across programs which may contribute to their successful operation.

The following summaries of the 12 case studies provide a glimpse of the crucial contributions of paraprofessionals. We hope they will provoke examination of the complete report and lead readers to become more interested in and better informed about paraprofessionals and their effective use.

*As part of the same effort, the Social Action Research Center also developed two other volumes: (a) **Paraprofessionals in Mental Health: An Annotated Bibliography from 1966 to 1977**, and (b) **Paraprofessionals in Mental Health: Theory and Practice**. For further information on these three volumes, write: Social Action Research Center, 2728 Durant Avenue, Berkeley, California 94704.

A CASE STUDY IN AGING SERVICES

Hillsborough Community Mental Health Center

Description of Program

The Hillsborough Community Mental Health Center serves the residents of the catchment area in Tampa, Florida. The aging program serves county residents over 55 years of age – about 19% of the county's population. The program provides direct services, consultation, education, and coordination services. It has a predominately outreach orientation.

Program Organization and Services

The Center's philosophy is to provide services related to mental health so that clients will have alternatives to hospitalization in state-operated facilities. The paraprofessionals in the aging program play a major role in the direct services to clients. The professional staff members do provide some direct service, but they function more in the role of support, supervision, and backup for the paraprofessionals.

In addition to providing direct client service, each paraprofessional is assigned a specific area in which to develop expertise. For example, one paraprofessional is familiar with nursing homes, another understands boarding homes, a third works with the state hospital, a fourth consults, and so on. The paraprofessionals have become so knowledgeable that the professionals are turning to them for information about these areas.

There are different types of groups available for the elderly clients at the Center. Insight groups (dealing with the discovery of the self) and support groups (oriented toward the solution of "here and now" problems) are run with paraprofessionals acting as co-therapists, or sometimes as leader. In addition to therapy groups, the program also offers activity groups which are run by the recreational and occupational therapist with the help of the paraprofessionals.

One goal of the aging program is to get patients discharged from the state hospital and successfully reestablished in the community. To accomplish this goal, paraprofessionals have set up pre-discharge groups at the hospital. These groups are oriented toward the problems of reentry into the community. The paraprofessional also works with the families of these patients to prepare them for the client's discharge from the hospital and for their future responsibilities. Working with families is an important aspect of the paraprofessionals' task, for they provide the necessary support and information for the difficult problem of caring for an elderly relative.

Staff

The service delivery team is made up of five mental health technicians, all paraprofessionals, who are supported by a recreational therapist, an occupational

therapist, and a social worker, all full time, as well as a psychiatrist and an evaluator who both work halftime, and a 20%-time psychologist. The program carries over 200 open cases. During the first year, 284 cases were closed.

Use of Paraprofessionals

The paraprofessional mental health technician spends the majority of his or her time out in the community. They do the bulk of outreach work in the aging program, and enjoy the full confidence of their program director and the professional staff. They are often called by a family member, a friend or a neighbor, to assist with an elderly person in a state of crisis. The client may be acting strangely, not taking care of personal needs such as food, hygiene or physical health, might be afraid to leave a particular room, or be so depressed as not to get out of bed. The paraprofessional makes the initial evaluation of the client's needs, and attempts to establish a personal relationship with the client. Paraprofessionals are quick to state that most of their clients need a "friend," rather than a therapist.

The paraprofessionals work on practical matters such as helping their clients balance checkbooks, make a shopping list, or write a letter. They go with them to get eyeglasses, a hearing aid, or food stamps; they teach them proper nutrition or how to request a homemaker service. They may read a newspaper to a client, discuss current events, draw pictures, or get them to sing songs from their childhood and heritage.

Training, Supervision, and Evaluation

The aging program **trains** its new staff members by apprenticing them to more experienced staff members. There is little pre-service training; paraprofessionals are put into the field almost immediately. Each of the five paraprofessionals in the program has access to the service of the staff psychiatrist for one hour each week. These five hours a week represent a relatively substantial investment by the project, but all staff members feel it is well justified. This availability of professional staff members to paraprofessionals for informal **supervision** is a striking feature of this aging program.

The program has a half-time **evaluator** who was hired at the beginning of the program. This meant that the staff members saw data gathering as a part of their job when they were hired. The staff members accept and work effectively with the evaluator, who shares his findings with the paraprofessional staff. The evaluator has helped to structure an evaluation system which is seen as helping to provide information for program decision making as well as documenting the program's effectiveness.

In Conclusion

Paraprofessionals are ideally suited as part of the treatment team for working with older clients. They can go into the community to serve clients who find it

difficult or impossible to come to centers or to satellite clinics. They can provide friendship and practical assistance to lonely people facing practical problems. The Hillsborough Community Mental Health Center's aging program has demonstrated that well chosen, well trained, and well supervised paraprofessionals can provide consultation and training to other agencies which have contact with older clients, as well as serve as a liaison between these agencies and the center. Working closely with the professional staff, paraprofessionals can provide a wide variety of services to meet the needs of older clients.

A CASE STUDY IN ALCOHOL SERVICES

Permian Basin Centers for Mental Health and Mental Retardation

Description of Program

South of the Texas Panhandle, midway between El Paso and Dallas/Fort Worth, is an area known as the Permian Basin. With its headquarters and clinic in Midland and another clinic located in the neighboring town of Odessa, the Permian Basin Centers provide services for a catchment population of 160,000. The service delivery system is characterized by:

- active community involvement
- a paraprofessional director
- a "business model" organization
- a staff that is 80% paraprofessional
- a philosophy that emphasizes community and service.

Program Services

The Permian Basin Centers provide a wide range of alcohol services. These include:

- crisis intervention
- individual counseling
- group therapy
- community work

Outreach efforts aimed at individuals and families have been augmented by the two assistant alcohol counselors, one of whom works with the counties' black population (7%), and the other with the Chicano population (12%).

The paraprofessionals consult with various public agencies such as schools, social agencies, and the law enforcement network. They have established a number of useful liaisons to coordinate the work of those agencies involved with alcoholics. There is also an effort to gain the cooperation of private industry in dealing with employees who have drinking problems.

Staff

Services to alcoholics are provided by six paraprofessionals who are under the direct supervision of three professional staff members. Four of the paraprofessionals are alcoholism counselors, and two community service aides were recently hired as assistant alcoholism counselors.

Use of Paraprofessionals

The paraprofessional alcohol counselors provide a variety of services for their clients. These include:

- diagnosis
- individual and family counseling
- group therapy
- crisis intervention
- client advocacy with social agencies
- assistance in finding work for clients.

The counselors provide all direct and indirect services to alcohol clients. After a client arrives at the Center, the counselor does an intake history/background and then makes a diagnosis. Counselors also do counseling in such areas as values clarification, helping the clients to see the choices they have and to make decisions. They provide information, helping clients see how they are harming themselves and how they might help themselves. They run groups and focus on getting the clients to discuss their problems, feelings, and hopes for each other.

The counselors work with the families of clients, and if possible with their clients' employers. They assist these other important people in the alcoholic's life to understand the nature of the alcohol problem and to suggest types of support that the client needs in order to overcome the problems.

Counselors also work in conjunction with the state hospital and the local Veteran's Administration (V.A.) hospital. They meet with alcohol ward clients who are preparing for discharge. They suggest outpatient treatment plans, talk with families, seek employment opportunities, or contact the state vocational rehabilitation staff.

Prevention talks are part of the counselors' responsibility. They work with the local schools to create an awareness of the problem of alcohol and to raise issues for discussions by the children.

Crisis work is a normal part of the job. Calls can come in at any hour. The police recognize the skills of the counselors in working with "drunks" who are creating a problem in the community. One counselor makes a point, as he travels around the community, of giving out his phone number and letting people know he is available.

Rationales for Using Paraprofessionals

The original reason for using paraprofessionals at the Center was cost. Based on his experience with the paraprofessional staff, however, the Center director now emphasizes their unique skills and abilities. In the specific area of alcohol services, everyone at the Center agrees that their paraprofessional counselors are best able to work as the primary treatment coordinator for the alcohol client.

Training, Supervision, and Evaluation

Ongoing **training** at the Center consists of: weekly in-service training sessions, case conferences with consulting psychatrists, monthly conferences at the state hospital, and informal and on-the-job training. The counselors receive **supervision** both formally and informally. They have at least two meetings a week to discuss ongoing cases with professional supervisors. Informal checking with each other on problems or new ideas is a commonplace occurrence, and formal peer level supervision groups are being planned. **Evaluation** of counselors occurs informally on a weekly basis, and formal evaluation is made with the assistance of a comprehensive yearly evaluation report. Supervisors prepare this evaluation for each counselor and discuss their opinions with their staff.

In Conclusion

The use of paraprofessionals in all service areas of the Center is a key factor in allowing the Center to offer the innovative kinds of services it provides to the largest number of persons seeking help. Further, through paraprofessional outreach activities, these services are offered to those who would otherwise be unaware of the help available.

A CASE STUDY IN CHILDREN'S SERVICES

Huntsville-Madison County Mental Health Center

Description of Program

The Huntsville-Madison County Community Mental Health Center serves the 185,000 residents of Huntsville, Alabama, and the surrounding region of Madison County. The center consists of three independently organized components:

- the Support Program
- the Adult Program
- the Child and Parent Program

The Child and Parent Program is organized into three divisions:

- Day Treatment
- Outpatient
- Consultation and Education

Paraprofessionals are involved in a number of different clinical functions within each of these three divisions.

Philosophy of the Program

The entire Huntsville Center is oriented towards using therapeutic and administrative methods based on the **behavioral approach**. Behavior therapy involves a service delivery approach that emphasizes the use of evidence that can be objectively observed, measured, and reported. The behavior modification approach involves a practical set of procedures that is appealing and accessible to paraprofessionals as well as to many professionals. The high degree of planning and structure involved in using behavior modification techniques may be helpful in preventing paraprofessionals from making mistakes, and in providing these staff members with a realistic, encouraging sense of progress.

Staff

The center employs 19 professionals and 17 paraprofessionals in service (non-administrative) roles. The center also employs three nurses. The paraprofessionals currently are all women, averaging age 26. Most new paraprofessionals do have BA or BS degrees, although not necessarily in the behavioral sciences. The fact that the behavior modification approach **emphasizes competencies rather than credentials** makes the Huntsville Center a congenial working environment for paraprofessionals.

Use of Paraprofessionals

The Huntsville Center hires paraprofessionals as:

- Outpatient Therapists
- Day Treatment Counselors

- Day Treatment Teachers
- School-based Consultants

The center believes that paraprofessionals can often do as competent a job for less money than professional staff members. Thus, the center can deliver these essential services, while still remaining within its budget. Another reason for using paraprofessionals is that they are considered to be more willing and eager to perform repetitive and difficult clinical tasks that may cause a professional to look for a job elsewhere.

Jobs Performed by Paraprofessionals

Consultation and Education: The paraprofessional in this division is on the staff of the county schools. This teacher-consultant is knowledgeable about the school system as well as the behavior modification techniques used by the program. Her job involves:

- rotating among schools as a mental health specialist
- working within classrooms to help teachers who encounter difficulties with individual children
- teaching her mental health skills to teachers
- acting as a liaison between the school and the day treatment division of the program
- introducing the children to the day treatment activities
- reintroducing discharged children to the school setting.

Outpatient: Paraprofessionals in this division conduct intake interviews, administer tests, and act as therapists. Their tasks include:

- administering tests, e.g., WISC-R, Bender, WAIS, Achievement Motivation Imagery
- assisting in training teachers to teach the Achievement Motivation Training Course developed through the program
- conducting behavioral family therapy
- developing treatment programs for ameliorating maladaptive behavior.

Day Treatment: The paraprofessionals in this division divide their time between administrative duties and interacting with the children. Their duties involve:

- charting the progress of the children
- maintaining contacts with the teachers and parents of the children
- conducting and implementing detailed treatment plans
- paying home visits and encouraging the active involvement of parents in the treatment program.

Training and Evaluation

All new employees receive the same orientation training together. The training is given over an eight-week period, for two to three hours daily. Thus, employees work part-time while they receive training. The comprehensive training program includes: a competency training course that demonstrates behavior modification principles; an assertiveness training course that prepares new staff members to negotiate task description contracts; and specialized training by individual supervisors for particular programs.

At the center, evaluation is carried out on an "ongoing" daily or weekly basis jointly by the staff members along with their supervisor. The evaluation is objective (descriptive of measurable behavior both of clients and of staff members) rather than intuitive in nature. The evaluation data serve as information indicative of areas of strength, and of areas in which individual or program performance can be improved. Outcome evaluation measures compare observed or reported changes from the base rate of problem behavior with the changes required to achieve the goal set by or for the client. The school-based paraprofessional is **84% effective** in achieving the stated goals. Averaging across the three highest priority goals, day treatment counselors achieve a **93% success rate.** Using the same measurement, day treatment teachers achieve an **84% success rate**. Such data have not been gathered separately for the paraprofessionals in the outpatient division.

A CASE STUDY IN CONSULTATION AND EDUCATION SERVICES

Dr. Solomon Carter Fuller Community Mental Health Center

Description of Program

The Dr. Solomon Carter Fuller Community Mental Health Center is part of the Massachusetts Department of Mental Health and is affiliated with the Boston University Medical School. It serves a catchment district of 116,000 citizens in Boston, Massachusetts. **The Consultation and Education (C & E)** program is one of many programs at the Fuller Center.

There are four distinct neighborhoods in the district – Roxbury, North Dorchester, South End and the Back Bay – and they differ considerably in terms of the ethnic background, age, living-situation, and income characteristics of their residents. The population is faced with many urban stresses, such as poverty, blighted housing, and high unemployment, which contribute to a high need for and use of mental health services.

Staff

At present the C & E program employs 43 staff members: 23 are service delivery paraprofessionals, 9.5 are service delivery professionals, and the remainder are clerical employees. About 16 of the paraprofessionals reside within the catchment district; in contrast, most of the program's professional staff members reside outside the district.

Purpose of the Program

The C & E program staff members describe their program as being the most "community oriented" one in the center. The staff members educate the community about the center, a traditional C & E function, but also perform the unusual function of educating the other center staff members about the community. The program offers services at community locations to local agencies, grassroot organizations, and loosely knit groupings of community clients. Professionals and paraprofessionals work side by side on the same tasks; the program's director, in fact, has a bachelor's degree and resides within the catchment district.

Program Services and Use of Paraprofessionals

The C & E program is organized into five "units," each of which is responsible for activities in specific areas. The units are:

- The Afterschool Unit
- The Pastoral Unit
- The CALACE Unit*

*Comite de Asuntos Latino Americano de Consultoric y Education.

- The Education Unit
- The Research and Evaluation (R & E) Unit

The units, each comprised of paraprofessionals and professionals, have the major responsibility for initiating new services when they are needed. The activities may be carried out entirely or primarily by paraprofessionals and often require competencies very different from those gained by professionals through formal education.

All paraprofessional service personnel and most program professionals are assigned to one of two "teams" and spend about 50% of their time at team headquarters located in the community rather than in the central facility. Each team contains at least one member from every unit; furthermore, the members of each team are evenly distributed among the job categories created by the program's staffing grant. Team responsibilities include implementation in community settings of relevant programs designed by the units.

The Afterschool Unit: This unit was designed to fill needs not currently being met by the public educational institutions in the district. These needs include the provision of adequate social-emotional support to constituents, particularly racial minorities and special-needs students.

The Pastoral Unit: This unit focuses on helping pastors with counseling of parishioners and on offering a series of seminars to pastors on mental health issues. The unit also introduces pastors to the facilities and services of the center, helps the clergy to organize into action-oriented task forces, and involves churches in desegregation efforts.

The CALACE Unit: This unit is an example of a service created in response to suggestions from staff members. Originally focusing on services to Spanish-speaking minorities, the members of this unit have recommended the creation of a transcultural committee to survey the needs of growing numbers of **other** non-English-speaking minorities.

The Education Unit: This unit is responsible for three broad activity areas: C & E in-service training, center in-service training, and community education. Services include educating both providers and consumers about existing and alternative community health delivery services.

The Research and Evaluation (R & E) Unit: This unit gathers data, compiles reports, prepares forms, and involves staff members in program and self-evaluation efforts. It also serves the other mental health center programs as a central information source on community resources and programs, and the demography of the catchment area population.

Evaluation of Program Activities

In a 1973 evaluation study, 64 organizations were contacted (the response rate was 83%) and asked to rate the program's activities. The data show a high

(70 - 75%) rate of satisfaction with C & E services. They also show that 91% of the consultees had heard of the C & E program prior to receiving services but that 76% of the service-oriented contacts were first made by the C & E staff.

In Conclusion

C & E paraprofessionals play critical roles in making possible the implementation of all program functions. As **representatives** of the community, the paraprofessionals assist in establishing liaisons with the community and in teaching both C & E and other center professionals about the community. Paraprofessionals and professionals work together on an **equal-status basis** in community-based "team" settings, and, within competency-based limits, participate fully in the design and delivery of the services offered by the C & E program.

A CASE STUDY IN DAY CARE AND OTHER PARTIAL HOSPITALIZATION SERVICES

The Club

Description of Program

The Club is a psychosocial rehabilitation program located within a wing of the Community Mental Health Center of the Rutgers Medical School. The Club provides a variety of social, vocational, educational, residential, and evaluative services to clients who are considered club "members" rather than "patients."

The center is located on the outskirts of Piscataway, New Jersey, and its personnel emphasize services to youth and to families. The active case load of about 3,500 clients are drawn from working class white people who live in small towns throughout the catchment area.

Program Organization and Services

The program is aimed at meeting the needs of a generally neglected population, chronically hospitalized people, who though they do not presently require intensive psychatric treatment do need extensive support to help them live outside an institution. Most of the clients lack the skills required for coping with the day-to-day world, such as renting and furnishing an apartment, finding and keeping a job, and finding friends and recreational opportunities. The Club aims at:

- Developing a community support system for individuals discharged from hospitals or for those people who might be able to avoid hospitalization with such assistance.

Members of The Club can participate in a number of activities:

- Prevocational Day Program
- Work for Pay Program
- Social Recreation
- Special Programs

Clients and staff members overlap among all the programs and there is a deliberate attempt to avoid specialization. **Continuity of care** is considered to be important and is created primarily by the continuity of the member's relationship with a specific staff person through many Club activities.

Staff and Clients

By 1976, The Club had almost 200 active members (attending at least once a month). The staff now consists of 12 paid workers and about 60 volunteers. The vast majority have a BA degree or less, thus emphasizing the importance of paraprofessional staff members at The Club.

Considering the unique responsibilities of staff members at The Club, a new job slot called **habilitation counselor** was created for these primarily paraprofessional Club employees. The term **re**habilitation implies that clients are being returned to a previously achieved level of competence. In general, the clients at The Club have never achieved an adequate level of socialization and thus workers must try to **habilitate** them.

Use of Paraprofessionals

One of the ideas which is crucial to The Club's approach is that of **mutual interdependence of staff and members.** The habilitation workers are not there to serve the clients. By intent and structure, the workers at The Club genuinely need the members to do things, because the program cannot be maintained without their active participation. The focus of the worker is on what the member **can do,** on his or her competencies. The staff members need the members to help complete tasks for which they are responsible. The members need the workers to assist them in the practical problems of living.

The habilitation workers assigned to work with the member will continue that relationship as long as the member belongs to The Club. The same staff member may work alongside a member:

- making curtains
- helping arrange for an apartment
- assisting in painting and decorating the apartment
- taking the member bowling
- sharing a Christmas dinner.

Jobs Performed by Paraprofessionals

Each habilitation worker is involved in a specific activity area which is necessary for the maintenance and growth of The Club. These activities include:

- running the dining room area
- handling custodial tasks
- facilitating cooperation between members and workers in the clerical program
- working closely with job supervisors to assist in on-the-job problems with members in the Work for Pay Program
- assisting in the organization of recreational activities
- supervising the residential program areas

Training and Supervision

While there is some basic orientation given to new staff members, most training seems to take place on the job as the new staff member works alongside an older staff person in an apprentice-like situation. New employees must take responsibility quickly.

Habilitation counselors are divided into two teams. The team leaders **supervise** their staff by reading case notes, reviewing specific cases in weekly team meetings, and by on-the-spot feedback.

In Conclusion

The Club uses paraprofessionals extensively in a wide variety of services designed to support clients in making a functional adjustment to living in the community. Services are much broader than those typically considered to be "therapeutic" and include assistance in housing, transportation, work, and education. Carefully selected and trained paraprofessionals are ideal staff for such a program since traditional professional training is not an adequate preparation for this multifaceted approach.

A CASE STUDY IN DRUG ABUSE SERVICES

Project Eden

Description of Program

Project Eden is a drug program located about 10 miles south of Oakland in Hayward, California. The staff members, almost all of whom are paraprofessionals, provide a wide variety of direct and indirect services to a diversified clientele.

The catchment area consists of six Northern California suburban cities with a total population of 276,000. Youth make up 33% of the population, and 1970 figures indicate that 28% of persons aged 25 - 44 living in the area had not finished high school.

Project Eden provides services without restriction to all persons in the community who seek assistance for drug-related problems but primarily focus on:

- the poly-drug user aged 15 - 24
- services to Spanish-American drug abusers
- hard drug users in the 24 - 35 age range

Program Organization and Services

Project Eden is a community-based program which uses resources of a paraprofessional and professional staff to:

- attract and hold clients
- respond quickly and effectively to the changing needs of individual clients as well as the entire population
- maintain contact with this client population over a period of time so that these people may be successfully reintegrated into community life.

Project Eden provides residential and outpatient services as well as preventive and community education programs. The residential services consist of a halfway house, a therapeutic community, and a family store.

Staff

There are 16 employees that staff the residential program, all paraprofessionals. The outpatient services are divided into four components: crisis/switchboard, counseling, school youth intervention, and employment/training. Twenty staff members are employed in the outpatient services, 18 of whom are paraprofessionals. The drug education program is coordinated by a single paraprofessional. Program administration consists of the executive director (a paraprofessional who has been with the program since its first year). The program also makes extensive use of volunteers.

Services Provided by Paraprofessionals

Project Eden has been strongly defined as a "drug" program. While this is a positive image as far as funding is concerned, project staff would like to de-emphasize its drug services aspect and be identified more as a youth services program. They feel that this would give them a better street image, and it would be closer to what they really do, closer to what really needs to be done in the community. Jobs presently performed by paraprofessionals include:

- **Supervising the switchboard.** The Project operates the switchboard for crisis calls, phone counseling, drug information and referrals. It has operated continuously, 24-hours-a-day, seven-days-a-week since May 1970.
- **Manning and/or training two or three person crisis teams** who are on duty around the clock. The Project maintains a vehicle which is used solely to respond to emergency calls in the community.
- **Counseling drop-in clients** who are in a state of crisis when they arrive at the project. After the initial contact, first sessions are often devoted to defining and understanding underlying causes and problems.
- **Conducting family counseling.** In situations where the drug-using family member is seeing a counselor, the family counseling becomes an adjunct or takes place concurrently with the individual's counseling sessions.
- **Conducting rap sessions** which primarily focus on developing trusting relationships and socialization skills rather than dealing with specific problem areas.
- **Working as an outreach counselor** with the school system. There are at present eight outreach counselors in four high schools. They do a number of different tasks depending upon the school. They deal with employment, health, family crises, school problems, drug problems – almost anything that comes their way.
- **Working with the county Youth Employment Training Program.** The employment coordinator relies on the outreach counselors for job training applications.
- **Conducting a drug education program** which involves a broad range of community education activities
- **Providing treatment services** for drug addicts in the halfway house and the therapeutic community.

Training, Supervision, and Evaluation

Training is a primary responsibility for the clinical consultant – a psychiatric social worker who has been working with the project almost from the start of the program. Training sessions are held once a week. Many subjects are covered

in training: counseling techniques, clinical issues, review and analysis of case studies.

The staff members in each component meet once a week with their coordinator. The coordinators then prepare reports for a weekly meeting with the executive director.

Project Eden constantly evaluates the relevancy and effectiveness of its drug intervention services. The evaluation of services takes place in three separate areas: (1) a client feedback form designed to allow clients to record anonymous comments, suggestions, and criticisms; (2) weekly meetings to share perceptions and problem solving difficulties within each component; and (3) an informal system to solicit feedback and suggestions from the general public.

In Conclusion

Project Eden represents an example of varied groups of people working together to attempt to deal effectively with serious community problems. The combination of the support and interest of a broadbased citizen's board, the energy and talents of volunteer and paid paraprofessional staff members, and the knowledge and experience of mental health professionals should serve as a model for similar efforts.

A CASE STUDY IN EMERGENCY SERVICES

Southwest Denver Community Mental Health Services, Inc.

Description of Program

Comprehensive mental health services are provided for the 109,000 (1976 census) citizens in the southwest Denver area by a unique service delivery system known as Southwest Denver Community Mental Health Services, Inc. (SWDCMHS). The essential components of the program include:

- the use of community homes as alternatives to
- inpatient hospitalization
- home, or "social system" based outpatient therapy
- outreach crisis intervention
- the widespread use of paraprofessional staff members.

The intake/crisis program (emergency services) operates on a 24-hour basis making use of all the adult psychiatry services staff members to respond to crisis calls from the community.

Program Services

The program provides mental health services to clients, and to their families, with special attention paid to the social systems in which they function. Integration of services and follow-up is achieved by having the staff member who handles the intake/crisis call assume the client onto his/her ongoing case load. The staff member is then responsible for developing a treatment plan and coordinating future services. When necessary, the staff member has available the use of one of six homes in the community. These serve as a temporary "change of scene" for a person in crisis without subjecting that person to the additional trauma of hospital admission.

Program Organization

Entry and Intervention, a division of adult psychiatry services, provides intake evaluation and emergency services to clients. Accessibility to all treatment modalities of the center is provided through this entry system. A face-to-face evaluation is done by staff members who respond immediately to most crisis situations. Routine requests for treatment are evaluated within 24 hours, or at the convenience of the client. The primary method of response is for the clinician to go to the home of the client to do a face-to-face evaluation. Following this visit the clinician can choose to do crisis therapy immediately, arrange for a later appointment, or refer the client to a crisis therapy group.

First priority is given to a "drop everything and go" crisis. These cases include any situation in which someone's life is in danger. If weapons are involved, the police are called and apprised of the situation before the clinician responds.

When a patient exhibits suicidal, homicidal, or psychotic behavior, it sometimes becomes necessary to remove him/her temporarily from his/her immediate social system. It is at this point that the program makes use of **alternative families** in lieu of hospital admission. Traditional hospitalization is viewed only as the final resource to a community alternative system for intensive treatment. There were only 134 inpatient days during the last year.

Staff

The adult psychiatry service is staffed by one psychologist, three social workers, three registered nurses, and 14 paraprofessional staff members. A paraprofessional staff member is in charge of the intake/crisis program. Her duties include:

- managing a group which supervises clinicians, including professional staff members
- administering the intake/crisis procedure
- monitoring the case loads of all the clinicians
- acting as a "trouble shooter" for the difficult cases
- carrying a one-third case load.

Paraprofessionals are found in a variety of roles at the center including:

- clinicians
- administrative personnel
- home sponsors

Paraprofessionals fill 14 of the 17 direct service clinician positions. The types of responsibilities a clinician has and the kinds of activities engaged in are directly related to that person's ability, skills, and interest. The overriding comments suggest that the paraprofessionals and professionals are **complementary** and that this combination of talents renders better service than either could render alone.

Training and Supervision

Recruits learn primarily on the job, although there is some in-service training (biweekly) and some release time for personnel to upgrade abilities through workshops, classes, exchanges with other centers, consulting, and conferences. A minimum of 40 hours a year of training outside the center is recommended (80 hours maximum), and this activity is considered to be part of the job.

The center invests a lot of energy and time in **supervision**. A supervision group meets weekly and is composed of seven or eight clinicians and a group leader. Each clinician presents an ongoing case which provides material useful for group learning. Each week there is also a meeting involving all the clinicians, where more general clinical and administrative concerns are attended to. Individual supervision of the clinicians is done by the supervision group leader and the paraprofessional program manager.

In Conclusion

Paraprofessional staff members are integral to the services provided by the Southwest Denver Community Mental Health Center. Paraprofessionals in clinical positions provide crisis intervention, outpatient counseling, and ongoing case management. The home sponsors are average community families who are paid to open their homes to clients who would otherwise need to be hospitalized. Paraprofessional staff members are ideally suited to the innovative delivery of services provided at the center particularly because of their lack of commitment to more traditional modes of treatment.

A CASE STUDY IN FOLLOW-UP SERVICES

Cambridge-Somerville Mental Health & Retardation Center

Description of Program

The Cambridge-Somerville Mental Health and Retardation Center serves the 190,000 residents of Cambridge and Somerville, Massachusetts. The center contains 12 programs for children and adults. There is no centralized facility, and the center's programs are located throughout the community. All center programs make extensive use of paraprofessionals in the delivery of services.

The Ambulatory Community Services (ACS) program of the center is an aftercare service that assists patients returning from the Westboro State Hospital in making the transition from the hospital back into the community 35 miles away. This assistance is provided from the time the patients are admitted to the hospital.

The program provides services to former hospital patients in the areas of:

- alcoholism
- drug abuse
- mental retardation
- outpatient therapy
- day treatment

The ACS paraprofessionals, who prefer to be called **ACS workers**, provide a link for those patients who are attempting to make the transition from hospital to community life. In this capacity, the paraprofessionals help patients to choose among a variety of community-based services, and then remain available as resource persons to patients and programs to which patients have been referred.

Staff

The program's 14 ACS workers spend two days each week in the hospital, and the remaining time in the community at various agency facilities and on community assignments. Within the hospital the staff members are assigned in the following manner:

- two paraprofessionals assigned to each neighborhood-based ward
- one or two program nurses, each responsible for two or more wards
- two paraprofessionals and a full-time nurse specializing in alcoholism cases
- one paraprofessional specializing in geriatric cases

Each nurse has primary responsibility in the work setting for the paraprofessionals and for patients under her/his jurisdiction.

Services Provided by Paraprofessionals

The ACS workers and nurses provide a wide array of pre- and post-discharge services to about **350 clients annually**. During an average year, the program also continues to serve a somewhat larger number of clients discharged during preceding years.

The ACS program is organized within the hospital to provide a **focus for discharge**. The neighborhood-based ACS teams can collaborate with and support hospital ward employees interested in discharge planning. Each patient admitted can be helped in discharge planning by as many as three or four ACS staff. The **pre-discharge services** involve planning for post-hospital needs and decisions concerning when discharge is appropriate. Each patient is asked to indicate on a checklist the post-discharge services that would be helpful.

The post-discharge services include linkage with center and community services, such as:

- day treatment
- vocational rehabilitation
- pastoral counseling
- individual or group therapy

ACS workers may also act as assistants to patients in activities such as:

- moving into a cooperative apartment with other patients
- applying for general relief
- helping with landlord problems
- helping in finding a room or apartment
- assisting in shopping

Finally, the ACS workers can link patients with an array of services created by the ACS workers to fill patient needs that are unmet by the center or community. These services include:

- an emergency loan fund
- a halfway house
- medication groups
- a drop-in recreational center
- a discussion group

The program's major feature is the extended period of continuous care provided by clients. Beginning with pre-discharge planning, the care by individual ACS workers can continue until discharged clients no longer require assistance. The role requires of ACS workers both an ability to fit into the highly structured hospital and a knack for working autonomously within unstructured community situations.

Program Evaluation

The program has been evaluated by a recent "consumer satisfaction" study conducted by the ACS staff researcher. This self-evaluation effort, funded by the ACS program itself, involved a series of one-to-one structured interviews between the CAS researcher and the client-participants. The data gathered strongly support the hypothesis that ACS services help to increase the period of community stay by discharged patients and to decrease the number of problems experienced during the post-discharge period. Because the services are primarily delivered by ACS workers, the data also bear on the effectiveness of paraprofessionals.

The census of the Cambridge-Somerville Hospital ward has steadily declined from about 325 in July 1973 to about 100 in January 1977. The census reduction probably reflects a combination of ACS efforts and pressures upon and within the hospital to reduce its population.

Two factors directly related to ACS services seem to predict the length of community stay by discharged patients. The more areas in which aftercare services (e.g., housing) are provided to discharged patients, the longer the patient remains in the community. The period of community stay also increases with the number of aftercare areas covered by the pre-discharge planning process. Overall, the data gathered by the program's research specialist suggest a high degree of effectiveness both for the program and the activities of the staff paraprofessionals.

A CASE STUDY IN INPATIENT SERVICES

Mid-Columbia Mental Health Center

Description of Program

The Mid-Columbia Mental Health Center is located in Richland, Washington. The center is a private, nonprofit corporation serving the residents of Franklin and Benton Counties in the southeast central portion of the state of Washington.

The center offers a full range of services. There are paraprofessionals in all center programs, and seven of the programs are coordinated by a paraprofessional.

Inpatient Services

The inpatient unit is a short-term (14 day) crisis-oriented residential unit which focuses on helping the clients gain the necessary resources to get them back into the community as quickly as possible. To quote from the treatment philosophy: "The goal of the treatment is: To provide the patient with enough assistance to help him maintain at least a minimal or improved functioning with decreased subjective difficulties." The unit provides short-term hospitalization and milieu therapy for a maximum of 22 clients.

Staff

Services are provided by the unit's 28 employees:

- 12 paraprofessionals
- 8 professionals
- 8 nurses

The primary day-to-day client care is given by the nurses and the paraprofessionals. The paraprofessional staff members are divided into two categories: mental health technicians and mental health specialists. While both provide direct services to the client, the specialists supervise and train the technicians as well.

Use of Paraprofessionals

The reasons for using paraprofessionals are varied. One of the first reported is cost. The coordinator of the inpatient program reported, "Without paraprofessionals there would be very little or no therapy." Paraprofessionals' are also seen as ideally suited to problem-centered treatment within an open ward and to new approaches to the care of clients.

The paraprofessionals in the inpatient program perform many functions. As in most inpatient programs, the paraprofessional technician is responsible for the **custodial needs** of the client. The amount of time the paraprofessional technician spends in custodial care in comparison to more therapeutic contact will vary with the census of the unit.

In addition to the custodial tasks, the paraprofessionals have input on **diagnosis and revision of diagnosis** in cooperation with the psychiatrist in charge of the client. Once the treatment plan is decided upon, it is the paraprofessional's responsibility to implement it. One aspect of this implementation is the **charting of the progress of the treatment** as well as **evaluating effectiveness of the treatment** strategies.

The paraprofessional primary therapist engages the client in a therapeutic relationship. Besides **informal contact**, the paraprofessional provides both **one-to-one and group therapy** either alone or with another professional or paraprofessional.

A number of the paraprofessional staff have implemented activities based on specific therapeutic approaches which they have studied. Among the innovations which the paraprofessional staff members have implemented are psychodrama, art therapy, expressive therapy, and music therapy.

In Conclusion

Paraprofessionals play a vital role in the Mid-Columbia Mental Health Center. This is emphasized by the fact that seven of the twenty programs are headed by paraprofessional staff. In the inpatient unit direct service delivery is performed in the main by a primary therapist team composed of paraprofessionals working closely with professional staff. This collegial relationship based upon mutual respect and trust, is a critical factor in the excellence of care provided.

A CASE STUDY OF OUTPATIENT SERVICES

Orange County Department of Mental Health

Description of Program

The Orange County Department of Mental Health (OCDMH) is a comprehensive community mental health program serving the 1.8 million people of Orange County, California. The present program is based on two major considerations in the delivery of mental health services to a large metropolitan population:

- the need for specialized services to meet special needs
- the need for readily accessible mental health services that are located close to the patients' homes.

Outpatient Services

Because the funds available for the delivery of outpatient services are limited considering the heavy demand for these services, Orange County outpatient clients are seen primarily for short-term therapy.

Staff members describe the situation by noting: "Crisis work is our main concern. Our task is not to provide long-term therapy. We try to teach people to become their own mental health worker; to help people to handle their problems. We take socially dysfunctional people and make them functional. This is different than helping people to pursue happiness through psychotherapy. These cases we refer to professionals in private practice."

Staff

The present members of the Outpatient Services Unit consist of:

- two psychiatrists
- one psychologist
- four social workers
- two registered nurses
- seven mental health workers (paraprofessionals)
- three clerical persons

Use of Paraprofessionals

The OCDMH provides an excellent example of a mental health organization that makes substantial use of paraprofessionals in a wide variety of service areas. **About one-half of the department's staff members are paraprofessional mental health workers**; they range from indigenous community leaders with only a high school education to people with bachelor's and master's degrees.

In certain areas, **paraprofessionals provide up to 70% of the direct services.** They perform approximately one-quarter of all initial evaluations, individual

counseling, and family counseling. They provide one-third of all group counseling services.

Services Performed by Paraprofessionals

The individual therapy case load averages about 25 ongoing cases for both professionals and paraprofessionals. Once an intake screening is conducted, if clients are judged to be suitable for outpatient therapy, they become the responsibility of the outpatient paraprofessional who participated in the intake session. This staff member either accepts the client into the ongoing case load, or seeks another therapist for the job. Suitability is informally decided on the basis of common knowledge of staff skills, abilities, and preferences.

The paraprofessionals of the outpatient service use a wide variety of techniques which include:

- gestalt therapy
- crisis intervention
- rational emotive therapy
- values clarification

Paraprofessionals learn appropriate techniques based on past experience, training sessions, and continuing education.

Group therapy is commonly used and is considered an effective form of treatment. Each paraprofessional is a co-therapist in at least one ongoing group. Paraprofessionals also go out in teams of two on **emergency commitment cases** involving the involuntary commitment of persons viewed as a danger to themselves or others.

In addition to individual therapy, group therapy, and intake screening, most paraprofessionals have responsibilities related to **making the center work** well. For instance:

- one paraprofessional is in charge of volunteers (who provide a majority of the coverage of the outpatient service during evening hours)
- another mental health worker who is also pastor of a church runs rap sessions for young people in the community
- one paraprofessional does program development consultation for a multipurpose service center that serves the Spanish-speaking community.

Involvement in the Community

The administrative and professional staff regard the paraprofessionals as peers, and there is no formal differentiation in job assignment. However, it is interesting to note that even though the OCDMH has established a goal that all clinical staff should devote 20% of their time to indirect community services,

paraprofessionals tend to spend more time than professionals in this activity. Thus, paraprofessional staff provide the bulk of the agency's indirect community services.

In Conclusion

The OCDMH is clearly moving in the direction of defining the paraprofessional mental health workers as professionals in a way that differentiates them from volunteers, indigenous community workers, and aides or technical assistants.

Professionalism has been described in journal articles by the head of the department's training consultation and education division as consisting of:

- a commitment to a calling with a service orientation
- work that involves knowledge and skills based on specialized training or education
- identification with peers in a formal organization
- autonomy in function restrained by responsibility.

By comparing the mental health workers' preesnt roles, particularly in the outpatient unit, against such ideas, it is evident that the professional nature of this work should be explicitly recognized.

A CASE STUDY IN SCREENING SERVICES

Roxbury Court Clinic

Description of Program

The Dr. Solomon Carter Fuller Community Mental Health Center is part of the Massachusetts Department of Mental Health and is affiliated with the Boston University Medical School. It serves a catchment district of 116,000 citizens in Boston, Massachusetts. **The Roxbury Court Clinic** is a program of the Fuller Center, located in the Roxbury District Court and affiliated with the Boston University Medical School.

Located within a courthouse setting, the Court Clinic provides federally mandated screening services for adult offenders within cell blocks; it has the active cooperation of judges and probation officers. Supervised and trained paraprofessionals and professionals conduct extensive interviews of clients for whom inpatient treatment is being considered. A psychiatrist thoroughly reviews each recommendation, and both he and a consulting psychologist are available to conduct in-depth diagnostic procedures.

The clinic also goes beyond the federal requirements and both accepts and encourages referrals for clients suspected of having various types of mental health problems. For example, the clinic receives many referrals involving individuals who press charges as a way of obtaining social intervention services and/or help with mental health issues. These clients might not come to a mental health center, nor would they be served by a screening program that provides services only for clients possibly requiring inpatient treatment.

The services provided in addition to those that are federally mandated include:

- therapy and social work services for adult offenders and for victims of crime
- federally funded drug and alcohol screening boards which offer specialized screening services for clients being diagnosed for substance abuse
- a collaborative relationship with a state-funded screening and referral agency specializing in the problems of the mentally retarded.

Staff

The clinic employs 15 staff members. They include:

- a lawyer
- a planning specialist
- professionals from several behavioral science disciplines
- 4.5 paraprofessionals (one is halftime)

Two of the paraprofessionals reside within the court's jurisdictional area; another was reared in Roxbury but now lives elsewhere.

Use of Paraprofessionals

The paraprofessional staff members spend about one-half of their time in **screening-related activities**. Most of their remaining time is spent primarily in **providing therapy and some social work services** to clients. Paraprofessionals spend about 5 - 10% of their total work week in **community public relations** and **consultation services**.

All staff members, including paraprofessionals, are allowed to take on additional responsibilities based on their interests. The additional responsibilities assumed respectively by the five paraprofessional staff members are:

- coordinating of the Drug Screening Board and, also, being responsible for sending routine monthly follow-up questionnaires to agencies that receive referrals from the clinic
- spending some time giving talks to organizations and carrying out liaison work with treatment agencies
- paying home visits to clients and also observing the street culture and reporting recent developments
- consulting on legal issues that arise in clinical cases
- involvement in linking the court and the clinic and in follow-up cases.

Training and Supervision

The orientation period for new paraprofessionals requires six to eight weeks for completion, depending on the relevant experience of the worker. The new paraprofessional is oriented individually to the Roxbury system through a series of talks with the probation officers, the judges, and the clinic colleagues, and by attendance at court hearings, case conferences, and the Drug and Alcohol Screening Board meetings.

Screening skills are learned through a gradual shift from observing paraprofessional and professional colleagues, to conducting a screening session while being observed, to receiving intensive supervision while conducting screening oneself, to screening without formal supervision.

Paraprofessionals receive one to two hours, one-to-one scheduled supervision weekly from clinic professionals, focusing primarily on therapy cases. Paraprofessionals rotate among supervisors to provide an opportunity for exposure to different viewpoints, and frequently consult informally with both paraprofessional and professional colleagues.

Evaluation of Paraprofessional Screening Services

The screening services provided by the paraprofessionals seem to detect many clients who "do not belong in the criminal justice system." The paraprofessionals appear to be able to recommend appropriate treatment services. In fact, the judges accept about the same percentage (90%) of treatment recommendations regardless of whether these recommendations are made by paraprofessionals or professionals.

A CASE STUDY IN TRANSITIONAL SERVICES

PAAG, Inc. Weber Mental Health Center

Description of Program

Nestled in the foothills of the towering Rocky Mountains, just east of the great Salt Lake, is the city of Ogden, Utah. From this location, the Weber Mental Health Center provides services to 140,000 residents of Weber and Morgan Counties.

The Problems Anonymous Action Group (PAAG, Inc.) is one component of the center. PAAG is a private, nonprofit corporation, **staffed entirely by paraprofessionals**, offering a wide variety of community outreach and sheltered living services. The majority of PAAG consumers are long-term alcoholics or ex-mental hospital patients.

PAAG is operated by volunteer members with the supervision and assistance of paraprofessional and professional employees from the center. Together they offer important services to a heretofore neglected and needy population:

- **A hotel** for skid row alcoholic provides a place to sleep, to eat, and to receive encouragement to make a better life.
- **Sheltered living situations** provide communal housing and rehabilitative programs for ex-state mental hospital patients
- **A street drop-in center** provides a place for coffee and conversation, immediate medical attention, and referrals to appropriate agencies.
- **An extensive court diversion program** helps to interrupt the cycle of repeated incarceration that is typical of skid row inhabitants.

Staff

There are presently 10 paraprofessionals and a licensed practical nurse working in transitional services programs. They can be divided into three groups on the basis of funding:

- PAAG I, the hotel, has four employees
- The Alcohol Diversion Program has four employees
- The Sheltered Living and Day Care Program has three employees.

In practice there is considerable overlap and cooperation in terms of task performance.

Services Provided by Paraprofessionals

Alcohol Diversion Program: The primary responsibilities of this program are nursing and crisis intervention. Unit workers operate along 25th Street and provide direct medical care to those on the street as well as:

- help in finding living arrangements
- assistance in locating and obtaining financial resources and meals
- appropriate counseling

One member of the unit works directly in the jail and with the courts to divert alcoholics into available human service programs outside of the criminal justice system. The unit also staffs the alcohol day contact center, which offers a program for local alcoholics who are not residents of PAAG I.

PAAG I: Paraprofessionals staff and run a men's hotel that has a capacity of 22. Paraprofessionals give encouragement and advice to the clients, act as role models, and generally assist with day-to-day problems

The Sheltered Living and Day Care Program: PAAG II is a residential home for women who typically have a history of "mental problems"; the facility can house nine women. The paraprofessionals teach basic living skills to the residents (none of whom has lived as independent persons for some time); teach communication skills; and run courses on subjects such as sewing, manual arts, music, and civics. Staff also supervise members or residents who do paid contract work such as janitorial services, envelope stuffing, and mailing.

Program Evaluation

The effectiveness of the PAAG programs can be measured in many ways. Here are some representative data:

- In comparing jail records of individuals before and after involvement with PAAG programs, the PAAG I resident achieves over 50% reduction in arrest and jail term.
- State hospital statistics for 67 individuals, who were supervised by the Sheltered Living and Day Care Program during 1972, show that these individuals represented over 100 years of prior state hospitalization. During 1972 the entire group of 67 persons required only 18 days of hospitalization.
- During 1972, 13 clients lived in PAAG II. Collectively they represented over 47 years of prior hospitalization. The cost of providing services to this group while at PAAG II was $10,567. Had they spent the same amount of time at the state hospital, it would have cost $85,932.

- In the last six years of operation all state hospital patients who have participated in PAAG have been returned to the community. In this time only two readmissions have occurred. The remainder of these persons have been maintained in their community without major incident.

In Conclusion

A fundamental lesson that the PAAG programs teach is the existence of latent abilities, skills, talents, and the like in all persons. By helping people to help themselves, Weber Mental Health Center has achieved significantly broader mental health services provision than is accomplished by proponents of a traditional illness and cure model. Thus for anyone interested in beginning a similar kind of program, the first step would be to search for self-help groups with which to begin a relationship.